

## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	<u>10/553570</u>
Filing Date::	<u>10/06/05</u>
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	<del>METHOD FOR PREPARATION OF SITE-SPECIFIC PROTEIN CONJUGATES</del> <u>METHOD FOR PREPARATION OF SITE-SPECIFIC PROTEIN CONJUGATES</u>
Attorney Docket Number::	PRJ-013US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Kenneth
Family Name::	HINDS
City of Residence::	<del>Fort Collins</del>
State or Province of Residence::	<del>CO</del>
Country of Residence::	<del>US</del>
Street of mailing address::	<del>1901 Etton Drive</del> <u>212 Yeakel Avenue</u>

City of mailing address:: ~~Fort Collins~~ Erdenheim  
State or Province of mailing address:: ~~GO~~ PA  
Postal or Zip Code of mailing address:: ~~80526~~ 19038

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Danny  
Family Name:: LEWIS  
City of Residence:: Hartselle  
State or Province of Residence:: AL  
Country of Residence:: US  
Street of mailing address:: 383 Wynn-Wallace Road  
City of mailing address:: Hartselle  
State or Province of mailing address:: AL  
Postal or Zip Code of mailing address:: 35640

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Family Name:: SCHMIDT  
Name Suffix::  
City of Residence:: Niwot  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of mailing address:: 8678 Niwot Road  
City of mailing address:: Niwot  
State or Province of mailing address:: CO  
Postal or Zip Code of mailing address:: 80503

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Kathleen  
 Middle Name:: M.  
 Family Name:: CAMPBELL  
 City of Residence:: Longmont  
 State or Province of Residence:: CO  
 Country of Residence:: US  
 Street of mailing address:: 6488 Silverleaf Avenue  
 City of mailing address:: Longmont  
 State or Province of mailing address:: CO  
 Postal or Zip Code of mailing address:: 80504

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/01099 5	04/08/04
PCT/US2004/01099 5	An application claiming the benefit under 35 USC 119(e)	60/462364	04/11/03

#### **Foreign Priority Information**

#### **Assignee Information**

Assignee name:: PR PHARMACEUTICALS, INC.  
 Street of mailing address:: 1716 Heath Parkway

City of mailing address:: Fort Collins  
State or Province of mailing address:: CO  
Postal or Zip Code of mailing address:: 80524-2719